

Virginia Department of Medical Assistance Services Health Insurance Premium Programs (HIPP)

The department offers 2 premium assistance programs for Medicaid members without Medicare coverage, the first is known simply as the HIPP program and the second is known as the HIPP For Kids program.

HIPP-is a premium assistance program that may be available to people with Medicaid that helps pay <u>part or all</u> of their health insurance premiums	HIPP For Kids-is a premium assistance program that may be available to children under the age of 19 years of age who are also eligible for Medicaid that pays their entire health insurance premium. Cost sharing may apply to non-covered copayment, deductibles and other expenses not covered by the primary insurer.
What makes me eligible for HIPP?	What makes me eligible for HIPP For Kids?
1. A household member has to have Medicaid full	1. A household member must be eligible for
coverage	Medicaid and be less than 19 years old
2. Must have/be able to get insurance through your employer	2. Must have/be able to get insurance through your employer
3. Health insurance must meet program criteria, including cost effectiveness	3. Health insurance must meet program criteria
Cost Effectiveness Criteria- means that it costs the Medicaid Program less to pay for your health insurance costs than to directly pay for all medical costs; this is done by comparing the average cost for your Medicaid eligible family member to the cost of your health insurance premiums	Health Insurance Criteria-the insurance must provide comprehensive medical coverage and your employer must pay at least 40% of the total cost of the health insurance premium
HIPP does not provide Premium Assistance for:	HIPP For Kids does not provide Premium
indemnity plans, plans paying limited amounts for services; plans limited to temporary periods; plans that are not comprehensive; and high deductible health plans with deductibles that are equal to or in excess of the Department of Treasury standards; and family plans when there are 3 or more members on the health plan who are not Medicaid eligible (i.e. full coverage Medicaid)	Assistance for: plans that are not eligible for premium assistance include indemnity plans, plans paying limited amounts for services; plans limited to temporary periods; plans that are not comprehensive; and high deductible plans health plans with deductibles equal to or in excess of the Department of Treasury standards; and non-medical insurance, such as vision or dental plans
Deductible Limits: Year Per Individual Per family	
2019 \$1,350 or greater \$2,700 or greater	
2020 \$1,400 or greater \$2,800 or greater	

To contact DMAS for information regarding these programs or to submit an application you may send an email to HIPPcustomerservice@dmas.virginia.gov, send a Fax to the HIPP Unit at (804) 452-5447 or by sending a letter to:

Department of Medical Assistance Services
Health Insurance Premium Payment Programs Unit
600 E. Broad Street, 1st Floor
Richmond, VA 23219

(804) 225-4236 / (800) 432-5924 (in Virginia)

Application forms and additional information is available on the web at: http://dmas.virginia.gov/#/HIPP